

Robinwood Rentals, LLC

119 South Second Street
Central City, KY 42330

(270) 543-3687

(270) 543-1446



Erich Cleaver
Surface Water Permits Branch
Division of Water
200 Fair Oaks Lane
Frankfort, KY 40601

RE: KPDES Application Notice of Deficiency
KPDES No.: KY0094501
Grapevine Mobile Home Park
AI ID: 1906
Hopkins County, Kentucky

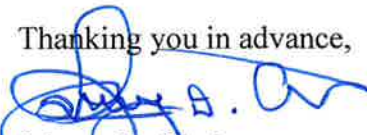
Mr. Cleaver:

As per the instructions in your letter of August 17, 2009 please find the following:

1. Completed Form SC, Section XII.A. providing the results of at lease one analysis for every pollutant in the table, and;
2. Items circled in red on Form SC are now completed.

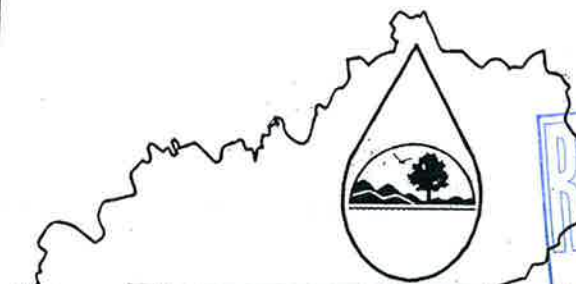
Should you have any question(s) or need additional information, please do not hesitate to call (270) 543-3687 Johnny or (270) 543-1446 Hugh.

Thanking you in advance,



Johnny D. Clark
Member LLC

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM



PERMIT APPLICATION

A complete application consists of this form and Form I.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: Robinwood Rentals, LLC Grapevine Mobile Home Park

I. FACILITY DISCHARGE FREQUENCY

AGENCY
USE

0 0 9 4 5 0 1

A. Do discharge(s) occur all year? Yes ☒ No ☐
(Complete Item IX for intermittent discharges.)

B. How many days per week?

7

II. A. Give the basis of design for sizing of the wastewater facility (see instructions):

*Designed to serve a mobile home community of
thirty-plus residences.*

B. If new discharger, indicate anticipated discharge date:

C. Indicate the design capacity of the treatment system:

0,010 MGD

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	37	17	54	87	28	24	U/T to U/T to Flat Creek
Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)				Internet latitude/longitude tool			

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)				
If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.				
OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
001	Sanitary discharges		Sedimentation (clarifier)	1-U
	from rental units	0.003 avg	Disinfection (chlorine)	2-F
	in mobile home park	0.010	Activated sludge	3-A
		design	Screening (barscreen)	1-T

V. Check the type(s) of wastewater discharged.

- ☒ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
☐ Noncontact cooling water
 ☐ Other (list):

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☒ Yes ☐ No

VII. Discharge to other than surface waters. Check appropriate location:

- ☐ Publicly-owned lake or impoundment Name of lake:
☐ Publicly-owned treatment works (POTW). Name of POTW:
☐ Land application of Effluent
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/>	Antimony	
<input type="checkbox"/>	Arsenic	
<input type="checkbox"/>	Beryllium	
<input type="checkbox"/>	Cadmium	
<input type="checkbox"/>	Chromium	

<input type="checkbox"/>	Copper	
<input type="checkbox"/>	Lead	
<input type="checkbox"/>	Mercury	
<input type="checkbox"/>	Nickel	
<input type="checkbox"/>	Selenium	

<input type="checkbox"/>	Silver	
<input type="checkbox"/>	Thallium	
<input type="checkbox"/>	Zinc	
<input type="checkbox"/>		
<input type="checkbox"/>		

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points:

N/A

(If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points:

(If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points	
Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

X. AREA SERVED (see instructions)

NAME	ACTUAL POPULATION SERVED
Grapevine Mobile Home Park (formerly Spence Mobile Home Park)	31 single family mobile home units currently
single family mobile home units	
TOTAL POPULATION SERVED	Same as above

AT 1999
(PLEASE COMPLETE THIS PAGE IF OTHER THAN DOMESTIC WASTEWATER IS DISCHARGED)


XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS		
Additive	Composition	Concentration (mg/l)
N/A		

XII. EFFLUENT CHARACTERISTICS			
A. Indicate results of analysis for pollutants listed below.			
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅ (Carbonaceous)	116 mg/l	19	10
TOTAL SUSPENDED SOLIDS	162 mg/l	28	10
FECAL COLIFORM	> 600 colonies/100ml	175 (Average; not geo mean)	12
TOTAL RESIDUAL CHLORINE	0.003 mg/l	Same	1
OIL AND GREASE	< 2 mg/l	Same	1
CHEMICAL OXYGEN DEMAND	57 mg/l	Same	1
TOTAL ORGANIC CARBON	15.9 mg/l	Same	1
AMMONIA	21 mg/l	6.8	10
DISCHARGE FLOW	0.009 MGD	0.003 MGD	8
pH	8.09	7.32	10
TEMPERATURE (WINTER)			
TEMPERATURE (SUMMER)			

B. Frequency and duration of flow:	7 days/week yearly
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XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): Johnny D. Clark, Partner Member LLC	TELEPHONE NUMBER (area code and number): 270-543-3687
SIGNATURE:  Johnny D. Clark, Partner Member LLC	DATE: 8/8/2009